

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

I. Name of Lobbyist(s)	: Heidi L. Kroll; Paul A. Worse	NEW HAMPSHIPE DEPARTMENT OF STATE
II. Name of Lobbyist's p	partnership, firm or corporation, if any	
	GALLAGHER, CALLAHA	
	214 North Main Street,	
603-228-11		
(Telephon	e) (Fax)	(Email)
	rs: (Choose one – file separate reports sactions which are not attributable to a	for each client, OR you may file a separate report for any one client.)
X All reportable tran	nsactions occurring in the month prior to	the reporting date relative to the following client.
	AMERICA'S HEALTH INSI	
	(Full Name of Client as it appears on the	E Lobbyist Registration Form)
All reportable tranunrelated to any p		obbyist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🛘	July 26, 2017 🗵
-	oity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
neports covere well		January 24, 2018 □
	October 25, 2017	activity from 10/1/17 to 12/31/17
V. There have been no i If this box is checked, con Concord, NH 03301.	fees received and no reportable transac implete just this form and submit it to the S	etions made since the last report. Secretary of State's Office, State House, Room 204,
VI. Check if additional X If you have received	reports are attached: yed fees or made expenditures, you must t	file Addendum A – Fees and Expenses
If you have paid a Expense Reimbur	rsement	ou must file Addendum B – Report of Honorariums or outions, you must file Addendum C – Political Contributions
If you, your firm,	or your family has made political contrib	outlons, you must me Addendant C - Fortical Contributions
Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowled	15-B and RSA 664 and hereby swear or	affirm that the foregoing information is true and complete
(Signature of Lobbyist)	Jy	7 18 17 (Date)
(Signature of Lobbyist)		(Date)
Heidi I Kroll		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's	s partnership, firm or corporation, if any:					
GALLAGHER, CALLAHAN & GARTRELL, P.C.						
(Name of partnership, firm or corporation)						
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date July 26, 20	017			
lobbying, including fee	unt of all fees received from the client identified above the solution for services such as public advocacy, government relational relations and related legal work. The gross feet	ions, or public relatio	ns services,			
a) Total of all fees reco	eived in this reporting period	a) \$	20,171.25			
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)	b) \$ 	3,916.66			
c) Total of all fees reco (Add lines a and b)	eived to date.	c) \$	24,087.91			
d) Indicate the amount yet been paid.	t of any such fees that are due, but have not	d) \$.00			
fees. Separate reports lobbyist(s)/firm that ar are to be reported in or reporting period for s expenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each indicovered by (a) (for exagiven to the subject o legislative reception).	partnerships, firms, or corporations are required to repare to be filed for expenditures made relative to each clie unrelated to any one client a separate report may be from of three categories of expenses: (a) the aggregate alaries, benefits, support staff, and office expenses; (by penditure was of \$25.00 or less (for example: meals pure less, purchase of a pen with a value of less than \$10 the hial object given to a person being lobbied with a value of vidual expenditure made during this reporting period of gample: purchase of a meal with value of greater than \$25 flobbying with a value greater than \$25, but not great Expenses for honorariums, expense reimbursement, or s and should not be reported on Addendum A.	ent and if expenditure iled for the lobbyist(see total of all expense to the aggregate total rehased during a bus at is given to the persof \$25.00 or less); and greater than \$25.00 for to purchase of a cerenter than \$50, restaura	es are made by the sylfirm. Expenses are paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose no nonial object to be out expenses for a			
support staff, and offic	penses for this reporting period for salaries, benefits, be expenses, related directly or indirectly to lobbying. expenditures during this reporting period, not reported	a) \$ b) \$.00			
c) Total of all itemize	d expenditures reported in detail in section VI.	c) \$.00			

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	12,102.75
f) Total of all expenses year to date.	f) \$	24,205.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbyin period, including by whom paid or to whom charged.	g fees during this re	eporting
Paid to:	Amoi	
	\$	
		······································
	\$	
	<u> </u>	
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.	the foregoing info	ormation
(Signature of lobbyist)	7/18/17	
(Signature of loodyist)	(Date)	
Heidi L. Kroll		
(Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Date of Report (check of	one):				
April 26, 2017 □	July 26, 2017 🗵	October 25, 2017	January 24, 2018 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
(Signature of Lobbyist	Oromany)		7-44-17 (Date)		
Paul A. Worsowicz	I				
(Print Name of lobbyi	st)				